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ABSTRACT

Communicating ideas and information that will help counselors to implement the counseling role and develop the profession of counseling is the purpose of this journal. The first issue in volume 21 contains the following articles: "Policies and Procedures for Reporting Child Abuse in Alabama: Considerations for Counselors, Teachers, and School Officials" (Albert S. Miles, S. Allen Wilcoxon, and Karen Salem); "The School Counselor's Role in Inclusion" (Jamie Satcher and Glenda Reynolds); "Dissociative Identity Disorder (DID): Characteristics in Childhood" (Karla D. Carmichael); and "Teaching Students to Appreciate Nature as a Meditation Exercise for Personal Stress Management" (Brian F. Geiger). Issue 2 contains these articles: "The Candidates' Perspectives of Structured Preadmission Interviews: An Ethnographic Study" (Sandy Magnuson and Brad Chissom); "Corporal Punishment in Alabama: A Choice of Consequences" (S. Allen Wilcoxon and Albert Miles); and "Counselors and the Credentialing Process" (Susan Boes). (MKA)

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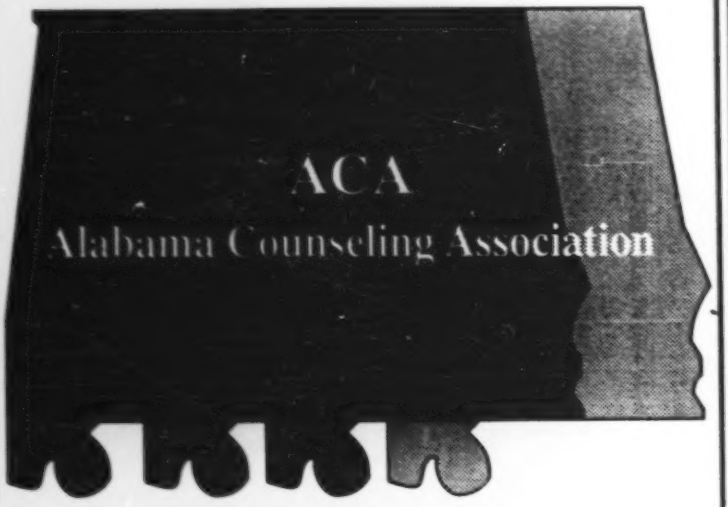

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MANUSCRIPTS: The purpose of the **Journal** is to communicate ideas and information to help counselors in a variety of work settings to implement the counseling role and develop the profession of counseling. Manuscripts are welcomed from practitioners, educators, and researchers in the fields of guidance, counseling and development. Manuscripts should conform to "Guidelines for Authors" included on the inside back cover of each issue of the **AlCA Journal**.

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A WORD FROM THE CO-EDITORS

Because our term as co-editors of The Journal will conclude with Volume 21, No. 2, the Summer 1995 issue, all manuscripts are henceforth to be submitted to the succeeding editor:

R. Joel Farrell, III
617 Shawnee Street
Auburn, Alabama 36830

We wish Mr. Farrell well when he becomes editor of The Journal and offer our full support during the period of change in editorship.

All prospective authors are reminded that manuscripts are to be written in accordance with the Fourth (1994) Edition of the APA Publication Manual. Specific style changes are listed in the Introduction.

Readers of this issue will find the co-editors exercised our prerogative to request a guest editorial in tribute to Shirley Gunter Ratliff who died this past February. To us, Shirley exemplified the "very best" of what it means to be a counselor. We appreciate the willingness of Nanci Turner-Shults and Wally Vandergrift to submit this guest editorial as a tribute to Shirley Gunter Ratliff.

Gypsy A. Abbott
Glenda R. Elliott
Co-editors

GUEST EDITORIAL

A WORD FROM THE PRESIDENT

In the July 1994 Guidepost, the ACE Executive Director stated that a clear mission and new beginning is what he envisioned for ACA. Just as our parent organization is committed to enhancing and promoting counseling, so must all of us as professionals.

MISSION is a key word for the 1990s. For each one of us it has a special meaning, but to AlCA collectively and collaboratively it is to promote the counseling profession. Unlike many other professions, in counseling no day is the same. We need to look at ourselves and ask "What is it that I have to give?". Then we must be willing to reach our personal potential and meet the professional goals of our organization. We must open our eyes and expand our vision. As we continue the legacy of outstanding leadership from our past, we must establish a firm grasp of the knowledge and power leadership provides.

As leaders we are to shoulder responsibility for the privilege of possessing greater knowledge, to be "good stewards" of our talents, and to use them productively. For many counselors and especially school counselors, a new paradigm has emerged. We have always seen ourselves as facilitators, not managers and directors. For several years we have been experiencing a more complete use of our highly unique skills and not a contradiction of our training. We have learned that knowledge is power and the more that is known, the greater the gain in power and the more we become involved in decision-making.

The past year saw us professionally active and politically involved. This past year also ended with a new beginning to form partnerships with other professionals, parents, business and industry.

Our future depends on how we manage and facilitate our involvement in the 21st century. It must be a collective task. The vision may be shared by many of us while the dream belongs probably to all of us. I challenge you to come see the vision, learn to manage the tasks/opportunities facing our profession, and be rewarded with an abundance of hope for the future as we participate in initiating/developing and experiencing/implementing the empowerment of change and transformation in counseling.

Thelma Robinson, President
AlCA

Tribute to Shirley Gunter Ratliff

1926-1995

To write about our friend and colleague Shirley Gunter Ratliff is both a privilege and a joy. In a later stage of life, it became Shirley's goal to return to school as a graduate student and become a licensed professional counselor. After serving her internship at the Alcohol and Drug Abuse Council (ADAC) and completing her graduate work at The University of Alabama at Birmingham in 1987, she became a permanent staff member at ADAC. From the very beginning, it was an exceptional match.

Shirley helped to spearhead ADAC's outpatient program which played a large part in the agency becoming better known in the substance abuse field. After Shirley joined the staff, we began to receive feedback from the recovering community that something was different at ADAC. She also made significant contributions to our Employee Assistance Program, one of the oldest and best respected EAP programs in the state, working in the program as a primary counselor for our companies. Her work included training supervisors and providing individual and group counseling, as well as actually "trouble shooting" with supervisors and employees on site. Most importantly, we believe that Shirley brought to all of her work a spirit of understanding, caring, and healing.

Shirley enjoyed being challenged and she loved working with people. Her commitment to people and to counseling is reflected in the following autobiographical paper written for a graduate course:

> Over these 50 plus years of "exploration" I've reached some conclusions about myself in relation to work. In order to be fulfilled, I must be involved in some activity beyond myself. I hope to be working at something until I die. I found that I can do just about anything I might try to do, but that I'm most effective and happiest when I'm involved with people in some sort of creative way. I can manage jobs that require organizational skills, but I don't enjoy that and I don't do that well as I do other things.
>
> Returning to school in 1985 was one of the wisest moves I've ever made. If I had to quit right now, it would've been worth every bit of the time and effort expended. However, I do plan to get a Masters Degree and I am confident that I will find a job. I believe I have talents and experience that are valuable as a counselor. The fact that my timing is a little extraordinary doesn't bother me; I've "marched to the beat of a different drummer" before.

Shirley fulfilled her hope. She was indeed "working at something" until she died on February 10, 1995. Her absence leaves a big void in the counseling community, especially for all the staff and clients at ADAC. She touched many lives through her counseling...and she touched us, too. Her influence continues to impact our work with others and our relationships with one another in that same spirit of love.

Nancy Turner-Shults
Wally Vandergrift

Nancy Turner-Shults, Ed.S., LPC, is a doctoral student at the University of Alabama and former clinical director of ADAC in Birmingham, Alabama. Wally Vandergrift, B.S., is the certified accountant at ADAC.

ARTICLES

Policies and Procedures for Reporting Child Abuse in Alabama: Considerations for Counselors, Teachers, and School Officials

Albert S. Miles
S. Allen Wilcoxon
Karen Salem

Abstract

This article features a discussion of various legal elements affecting decisions to report suspected child abuse and neglect. Specifically, the article examines legal definitions, reporting channels for suspected abuse/neglect, personal and corporate duties in decisions to report and/or withhold information regarding possible abuse/neglect, discussions of various aspects of confidentiality and privileged communications, and suggested guidelines for counselors, teachers, and school officials in Alabama.

Policies and Procedures for Reporting Child Abuse in Alabama: Considerations for Counselors, Teachers, and School Officials

The incidence and prevalence of child abuse nationwide has been rising with relentless steadiness over the past three decades. Reports from the United States Office of Health and Human Resources reflect the dramatic escalation in this form of victimization. Similar escalation rates are likely within the state of Alabama. Although many reports of suspected child abuse come from private citizens, a substantial number of such reports originate from public school systems. Among the many items typically addressed by policy/procedure manuals or similar governance documents used by school officials, the guidelines for reporting child abuse would seem to be of particular importance. It would seem that counselors, teachers, and school officials charged with implementing such policies should be aware of the particular stipulations established by the Code of

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Alabama (1975) via either legislative or judicial precedent. The purpose of this article is to examine the essential elements of these sources of law and to offer suggestions for developing, reviewing, and/or revising policies employed within Alabama public schools relative to reporting suspected child abuse. The format for this text is to offer stimulus questions which are likely issues of concern and to follow these questions with response grounded in the Alabama Code.

Questions of Definition, Obligation, and Duty

What are the Issues of Concern in this Matter?

In every state, school administrators, teachers, and counselors are required by law to report suspected cases of child abuse to child welfare authorities or the police. Individuals who report in good faith suspected cases of child abuse to the child welfare authorities are immune from civil liability, even when charges prove to be erroneous and an innocent person is falsely accused (69 Ed. Law Rep. [991] (November 21, 1991). This immunity, along with the fact that failing to report suspected cases of child abuse to the proper authorities can result in severe penalties, should encourage administrators and teachers alike to report suspected cases of child abuse. In many states, it is a criminal offense for any person in a position required by law to report suspected cases of child abuse not to do so (id. at 997). In State vs. Grover, 43 N. W. 2d 60 (Minn. 12989), a school principal was prosecuted based on charges that he failed to report suspected child abuse. Additionally, school administrators and teachers who failed to follow statutory requirements concerning the reporting of suspected incidents of child abuse could be held liable in a civil suit (Id. at 997).

What is the Legal Definition of a Child?

As defined in Section 26-14-1 of the Alabama Code (1975), a child is a person under the age of 18 years.

What is Abuse and Neglect?

Title 26, Chapter 14, of the Alabama Code specially addresses the requirements of reporting child abuse or neglect. In Chapter 14, the Code uses the following definitions:

(1) Abuse. Harm or threatened harm to a child's health or welfare. Harm or threatened harm to a child's health or welfare can occur through nonaccidental physical or mental injury, sexual abuse or attempted sexual abuse or sexual exploitation or attempted sexual exploitation. "Sexual abuse" includes rape, incest and sexual molestation as those acts are defined by Alabama law. "Sexual exploitation" includes allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child for commercial purposes.

(2) Neglect. Negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, clothing or shelter; provided, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone, shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering medical services be provided to the child, where his health requires it.

Whom Do I Tell?

(3) Duly constituted authority. The chief of police of a municipality or municipality and county; or the sheriff, if the observation of a child abuse or neglect is made in an unincorporated territory; or the department of human resources; or any person, organization, corporation, group or agency authorized and designated by the department of human resources to receive reports of child abuse and neglect; provided, that a "duly constituted authority" shall not include an agency involved in the acts or omissions of the reported child abuse or neglect. (Code of Alabama § 26-14-1 (1975, Supp. 1991)).

As a practice, each school system may designate an employee (e.g., counselor, nurse, etc.) who will assume responsibilities for reporting suspected abuse or neglect in order to standardize and assist in complete reporting to the duly constituted authorities. However, individuals must be attentive to the fact that failure on the part of the designated school employee charged with managing this report to complete the reporting process does not eliminate the obligation of the individual who offered the initial report of suspected abuse.

Regarding the issue of investigation, Section 26-14-6.1 of the Alabama Code (1975) reads as follows:

The duty and responsibility for the investigation of reports of suspected child abuse or neglect shall be as follows:

(1) Reports of suspected child abuse of neglect involving disciplinary or corporal punishment committed in a public or private school or kindergarten shall be investigated by law enforcement agencies.

(2) Reports of suspected child abuse or neglect committed in a state-operated child residential facility shall be investigated by law enforcement agencies.

(3) All other reports of suspected child abuse and neglect shall be investigated by the Department of Human Resources.

What is My Duty?

Chapter fourteen's regulations regarding the reporting of child abuse were legislated in order to protect children whose health and welfare may be adversely affected through abuse and neglect. It is the intent of the legislature that, as a result of such efforts, and through the cooperation of state, county, local agen-

cies and divisions of government, protective services shall be made available in an effort to prevent further abuses and neglect, to safeguard and enforce the general welfare of such children, and to encourage cooperation among the states in dealing with the problems of child abuse. (Code of Alabama § 26-14-2 (1975, Supp. 1991)).

Persons should also be aware of distinctions between mandatory reporting and permissive reporting of suspected abuse. Under Section 26-14-3, mandatory reporting is for school teachers and school officials, even if only in the case of suspected abuse. Further, this Section addresses mandatory reporting of suspected child abuse cases very specifically as follows:

(a) All hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroner, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, **school teachers and officials**, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals or any other person called upon to render aid or medical assistance to any child, when such child is known or suspected to be a victim of child abuse or neglect, shall be required to report, or cause a report to be made of the same, orally, either by telephone or direct communication immediately, followed by a written report, to a duly constituted authority.

(b) When a report is made to a law enforcement official, such official subsequently shall inform the department of human resources of the report so that the department can carry out its responsibility to provide protective services to the respective child or children. (Code of Alabama § 26-14-3 (1975, Supp. 1991)).

Under Section 26-14-4, permissive reporting is applicable to suspected abuse and allows that any person may report this suspicion to a duly constituted authority. Within the Alabama Code concerning permissive reporting, the text states:

"in addition to those persons, firms, corporations and officials required by Section 26-14-3 to report child abuse and neglect, any person may make such a report if such a person has reasonable cause to suspect that a child is being abused or neglected" (Code of Alabama § 26-14-4 (1975, Supp. 1991)).

What Do I Tell/Write?

According to Section 26-14-3 of the Alabama Code (1975), a report should be made immediately to a duly constituted authority, orally, followed by a written report. This chapter of the Code of Alabama also requires specific guidelines concerning the content of reports concerning suspected cases of child abuse.

The reports provided for in this chapter shall state, if known, the name of the child, his whereabouts, the names and addresses of the parents, guardian or caretaker and the character and extent of his injuries. The written report shall also contain, if known, any evidence of previous injuries to said child and other pertinent information which might establish the cause of such injury of injuries, and the identity of the person or persons responsible for the same (Code of Alabama § 26-14-5 (1975, Supp. 1991)).

What Should I Expect as a Response?

Pursuant to Section 26-14-6, the child may be taken into protective custody for up to 72 hours and in accord with Section 26-24-7(a), "The State or County Department of Human Resources shall make a thorough investigation promptly upon either the oral or written report. The primary purpose of such an investigation shall be the protection of the child" (Alabama Code 1975, § 26-14-7). Then, the Department of Human Resources shall make a written report to the State's Central Registry, as in Section 26-14-8.

The Code continues in this Chapter, giving a police officer, a law enforcement official, attending physical or healthcare provider, or a designated employee of the state or county department of human resources, the authority to take a child into temporary protective custody when the child's life or health is endangered (Code of Alabama § 26-14-6 (1975, Supp. 1991)).

The duties of the department of human resources in making a thorough, prompt investigation upon receipt of an oral or written report of a case suspected child abuse are described in detail (Code of Alabama § 26-14-7 (1975, Supp. 1991)). The Code also mandates the establishment and content requirements of a central registry for report of child abuse and neglect (Code of Alabama § 26-14-8 (1975, Supp. 1991)). The Code also authorizes the state department of human resources to establish regulations as necessary "to implement this chapter and to encourage cooperation with other states in exchanging reports to effect a national registration system" (Code of Alabama § 26-14-12 (1975, Supp. 1991)).

What If the Reported Suspicion is Unfounded? Am I Liable for A Mistake?

NO! The Alabama Code addresses the issue of liability and the individual reporting the suspected incidence of child abuse.

Any person, firm, corporation or official participating in the making of a report or the removal of a child pursuant to this chapter, or participating in a judicial proceeding resulting therefrom, shall, in so doing, be immune from any liability, civil or criminal, that might otherwise be incurred or imposed. (Code of Alabama § 26-14-9 [1991]).

Can I Expect Privileged Communication? What About Confidentiality?

The Code additionally deals with the often controversial issue of counselor/physician-patient privilege, stating:

The doctrine of privileged communication, with the exception of the attorney-client privilege, shall not be a ground for excluding any evidence regarding a child's injuries or the cause thereof in any judicial proceeding resulting from a report pursuant to this chapter (Code of Alabama § 26-14-10 (1975, Supp. 1991)).

Relatedly, Section 26-14-8 of the Alabama Code (1975), addresses the issue of confidentiality in the initial provision of suspected abuse. Specifically, the reports and records of child abuse and neglect are confidential except for official court or grand jury use, or to protect the child.

How Are the Courts Involved?

In White v. Illinois (1992), the U.S. Supreme Court held that exceptions to the hearsay rule such as statements by an allegedly abused child may be allowed into evidence without violating the confrontation clause. The finding has the potential for affecting a **pronounced** change in the investigation and prosecution of child abuse cases, particularly in that hearsay evidence has historically been questioned in such cases. Still, Section 26-14-7.1 of the Alabama Code provides that persons under investigations have due process rights. Under Section 26-15-3, a person convicted of child abuse could be sentenced to the penitentiary for not less than 1 year nor more than 10 years.

The Code of Alabama provides for the appointment of an attorney for an abused or neglected child involved in a hearing. The appointed attorney shall "represent the rights, interests and well-being of the child, and serve[s] as guardian ad litem for said child" (Code of Alabama § 26-14-11 (1975, Supp. 1991)). This procedure for representation of the child's interests is in effect for every case which results in a judicial proceeding subsequent to investigation of suspected abuse.

What If I Fail to Report a Suspicion? Am I in Jeopardy?

YES! The Code of Alabama addresses the penalty for failing to file a required report of suspected child abuse. The Code states:

Any person who shall knowingly fail to make the report required by this chapter shall be guilty of a misdemeanor and shall be punished by a sentence of not more than six months imprisonment or a fine of not more than $500.00 (Code of Alabama § 26-14-13 (1975, Supp. 1991)). Also, even though a licensed counselor may have legal privilege outside a school setting, Section 26-14-10 holds that such privilege does not preclude the obligation to report suspected child abuse/neglect.

Suggestions for Planning and Responding

Although the application of legal precedents within Alabama noted in this article provide some clarity in terms of obligation/duty, documentation, and liability, their practical meaning for administrators, counselors, and other school personnel might be somewhat obscure. In this regard, the authors offer the following items as suggestions for planning and responding to suspected incidents of abuse/neglect:

1. Each school system should identify one member from its professional staff who is trained to be fully familiar with the required actions under Alabama Code, as well as their basis in legal precedent, to assure prompt, consistent, and thorough compliance within the mandated procedures of suspected abuse/neglect. While the identification of this "conduit" staff member does not negate the individual responsibility of the member of the school staff who has the initial suspicion of abuse/neglect, it does assure a measure of consistency for interaction between school personnel and duly constituted authorities in the report and investigation process.

2. Each school system should be responsible for activities to familiarize parents of children within their system of the definitions, duties, and procedures affecting school personnel in instances of suspected abuse/neglect under Alabama Code. Such activities could be in the form of both written documents and presentations to parent groups.

3. Each school system should develop written policies (under legal advice) to serve as reference points for staff attempting to comply with required procedures in reporting suspected abuse/neglect. Further, these policies should be reviewed periodically and modified if necessary. Copies of such policies should be provided to every employee and posted in prominent locations throughout the school system. Finally, each person is encouraged to consult an attorney with questions about reporting child abuse/neglect to determine issues that may be unique to the particular setting in facts or applicable laws.

In light of the fact that the incidence and prevalence of child abuse continues to escalate in record numbers, attending to required procedures for reporting suspected victimization represents a sad juncture in the abuse cycle: it is clearly a reactive, remedial activity that occurs after the onset of the problem. While the challenge to respond efficiently and compliantly to suspected child abuse within the required guidelines of the Alabama Code is sizeable, the greater challenge for school personnel as well as all citizens of the state is to act in proactive, preventive ways that reduce the occurrence of this threat to our childrens' welfare. Until that time, however, it is a necessary element of school policies that personnel be aware of their duties in instances of suspected abuse.

Disclaimer

This article is not legal advice and all readers are urged to consult an attorney to apply specific facts and laws to each situation.

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Infants and Incompetence, Title 26 Code of Alabama § 14-1-13 (1975 & Supp. 1991).

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White v. Illinois, 112 S. Ct. 736 (1992).

The School Counselor's Role in Inclusion

Jamie Satcher
Glenda Reynolds

Abstract

Inclusion will impact school counselors in many ways. The allocation of time, number, and diversity of the population of students served, counseling content and methods, and interaction with colleagues, parents, and community may be affected. This paper will explore some of the effects inclusion may have on the role of the school counselor in the future.

The School Counselor's Role in Inclusion

When the term inclusion began appearing in the literature in the late 1980's, it applied primarily to special education students. The inclusive school community concept, which is becoming important in Alabama and other states, is for all students in all programs. "Inclusive school communities are places where children belong unconditionally and are supported to realize their unique potential by caring adults who work together" (Kronberg, 1994). There is a focus on the current and future environments in which curricular and instructional services for children who are physically or other health impaired, mentally or emotionally handicapped, or receive Chapter I or other services will be provided, with support, in the community school in the classroom with chronological age and class appropriate peers.

Inclusion does not mean that all students will be in the regular classroom at all times nor does it mean that the objective is for all students to learn the core curriculum. Students may be pulled out of the regular class for one-on-one or small group instruction when needed (Kronberg, 1994).

A major assumption of inclusion is that all students can benefit by supporting and learning from each other. By implementing cooperative classroom structures, students can learn to recognize and accept individual strengths and talents. A social goal of inclusion includes, but is not limited to, promoting sensitivity, respect, dignity, acceptance, understanding, and cooperation among students. Lombana (1980) as reported in Lusk, Williams, and Hartshorne (1985) felt that

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one of the most productive and rewarding experiences for school counselors was participating in creating an atmosphere of appreciation and understanding in which regular and exceptional children could enjoy each other.

Legal Issues

Public law 94-142 defines counseling services as "services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel" (Parette & Holder-Brown, 1992, p. 48). Public Law 99-457, the Education for the Handicapped Amendment of 1986, requires the development of an Individualized Family Service Plan (IFSP) and part B of P.L. 99-457 mandates counseling services to be provided for families of children ages three to five who qualify for free and appropriate public education. Part H extends this to include family training, counseling, and home visits for families of children birth to two years old who qualify. As a result of P.L. 94-142 and P.L. 99-457, counselors have participated in Multidisciplinary Educational Teams for the identification of students with special needs, their placement in special education programs, and the planning of their Individual Education Plans (IEPs) and IFSPs (Parette & Holder-Brown, 1992).

This activity is consistent with the Minimum Standards for School Counseling Programs in Alabama (effective with the 1990-91 school year) which states in paragraph 2(g):

> "...each counselor consults with staff members, parents, and community resources concerning personal, emotional, and learning problems of individual students and shares appropriate information, resources, and skills with teachers, administrators, parents, and other professionals to remove obstacles to learning"

and in 2(h):

> "...each counselor coordinates counseling and guidance services with all aspects of the school program in cooperation with other school staff and community resources, e.g., the counselor provides data through which decisions can be made concerning testing, curriculum development, agency referrals, and other school policies and programs affecting children."

Part 104.37(b) of Code 34 of Federal Regulations on Nondiscrimination of the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance states that counseling services which provide personal, academic, or vocational counseling, guidance, or placement services to any student must provide these services without discrimination on the basis of handicap to all students.

Working With Parents and Family

The perception of the role of the counselor is changing to that of teacher, counselor, and administrator. Carroll (1993) has found that counselors feel increased pressures to address complex home issues and reports that, in the future, school counselors will be viewed as parenting and child specialists. As the counselor becomes more involved with students who are transitioning into regular education classroom, he/she will also become involved with their families.

Using a family systems approach to developmental counseling is suggested in much of the professional literature (Hinkle, 1993; Parette and VanBiervliet, 1991; Peeks, 1993; Welch &McCarroll, 1993). The child in transition is seen in the context of the family and how the members impact each other. Working with the family using brief family counseling techniques before situations reach crisis levels saves time and can be more effective than individual counseling with the student after a crisis. Five hours of family counseling could replace thirty hours of individual counseling. School counselors can be successful with problems that require short-term counseling and more complex situations should be referred to a community agency (Stone & Peeks, 1986, cited in Hinkle, 1993).

Some specific issues with which counselors may help parents of students with special needs are setting limits for the child, bonding, development of more positive parent-child interaction patterns, effects of the child's condition of the family unit, and uncertainty about the child's survival (Parette & Holder-Brown, 1992). The counselor may help the family of a child with special needs by being a liaison between the parent and other agencies and should have records of advocacy agencies, parent support groups, and community and agency resource groups. Being prepared for areas of concern early can diminish parent anxiety and increase rapport with the school (Parette & Holder-Brown, 1992).

Working with the Student with Disabilities

As school services are expanded to include children three to twenty-one years of age, the counselor will need to develop a knowledge base concerning medical conditions and terminology, resources available, and responsibilities and knowledge of other professionals in the school and outside the school. The counselor will be involved in cooperating with teachers and other professionals in a team approach to programming for the child with disabilities and establishing crisis intervention strategies.

Federal law requires schools to prepare students with disabilities for the eventual return to the mainstream. As the transition is made from separating students with disabilities to reintegration into the classroom many adjustments must be made (Fuchs, Fuchs, & Fernstrom, 1993). Counselors who are successfully involved will need to be socially and intellectually flexible (Welch & McCarroll, 1993).

The counselor may be the person who will explain to the student why he/she is being moved and what to expect in the regular classroom. Regular counseling sessions may be needed to help the student cope with fears and adjustments to the regular class (Wood & Beale, 1991).

Some areas of concern in which the counselor may help through individual or small group sessions are poor self-concept, time management skills, expressive communication, and social skills. Robinson and Mopsik (1992) consider the role of the counselor to be teaching social skills to children with disabilities and assisting them in developing a positive self-concept. They propose an environmental-experiential model for working with small groups. Their model consists of establishing and maintaining an environment that is conducive to learning which is structured, well-controlled, and multisensory. The experiences are repeated and reinforced frequently, with compensation for the students' deficits by creative presentation (Robinson & Mopsik, 1992).

Williams and Lair (1991) suggest a person-centered approach and others suggest combining person-centered with a cognitive approach to achieve the above mentioned goals. The person-centered approach is used to establish a positive relationship when combined with the cognitive approach.

Working with the Regular Education Students

The role of the counselor in this situation is to work together with the teacher to provide classroom guidance to prepare the regular classroom students for the student with special needs (Kronberg, 1994). She suggests presenting information about the new student in a positive light, stressing what the student can do, for example, can drive a wheelchair.

The counselor should also prepare the students for the behavior expected from them. The purpose of this activity is to create an accepting environment for the new student and to relieve the stress the regular students may feel. Research indicates that stress experienced by non-handicapped people may be due to not knowing how to interact with people with special needs (Lusk, 1985).

The counselor should use careful judgment to determine when her/his activities may bring unwanted attention to a child. Children who need technological interventions respond best to them when they receive support from their peers (Parette & VanBiervliet, 1991).

Hadley and Brodwin (1988) as reported in Williams and Lair (1991) suggest several principles which may be used while working with the student individually or in the classroom. The counselor should (a) use precise language to keep the focus on the child, not the equipment, (b) be objective about the child's abilities and avoid subjectively over complimenting a child because this fosters stereotypes, and (c) keep the child's disability in perspective and avoid men-

tioning a condition unless it has relevance to the class (or problem addressed in the individual session). The need does not exist to prepare the regular education students for every student with disabilities, for example, learning disabilities. Furthermore, children who have disabilities should be portrayed as children who live as others do, not as victims, heroes, or tragic figures.

Working as a Member of a Team

Much of the literature stresses a team approach to inclusion (Parette & Holder-Brown, 1992; Parette & VanBiervliet, 1991; Peeks, 1993; Welch & McCarroll, 1993; Wood & Beale, 1991). Fuchs, Fuchs, and Fernstrom (1993) see a need for regular meeting and planning between general and special education personnel for reintegration to be successful. Others see teamwork and planning as crucial (Wood & Beale, 1991; Kronberg, 1994). At present, counselors may be members of Individual Education Plan and Multidisciplinary Education Teams.

In the future, different teams consisting of the student, friends of the student, parents, teachers, administrators, and others concerned with the child may be formed (Kronberg, 1994). The counselor may be a part of this and other teams formed to facilitate the transition into the regular classroom in the community school.

Counselors may work with these teams in matching reintegrating students with teachers and identifying and teaching new skills students will need in the mainstream placement.

Conclusion

The role of the school counselor is changing, providing expanded opportunities for working with a more diverse population of students and their families. Less time will be available for one-on-one counseling in crisis situations. Brief family counseling may take the place of some individual counseling services with emphasis on preventive intervention. More time will be spent in large group and classroom guidance, consultation and coordination in teamwork effort, and small group counseling. The developmental model and a family system approach are suggested.

The counselor will be a resource person for school personnel and the families of children with disabilities and will need to be organized with files for community resources and references for medical terms, technological equipment, and other information to which counselors may need to refer.

The role of the counselor will consist of being a member of the school-family team, a liaison between the parents and community and school, and a resource for the family. He/she will prepare regular education students for the

children with disabilities through classroom guidance and will work with the students in transition in individual and small group guidance.

Counselors may be concerned that they will be spending an unfair amount of their time with students with disabilities. However, many of the strategies for working with this group of students are also applicable to the school population. Brief family counseling, team work, peer helpers, large group guidance and small group counseling are examples. The counselor who performs these duties properly will have no time for record keeping and other clerical duties which belonged to the role of the past.

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Dissociative Identity Disorder (DID): Characteristics in Childhood

Karla D. Carmichael

Abstract

This article addresses symptoms of Dissociative Identity Disorder (formerly Multiple Personality Disorder) which classroom teachers might observe and report to the school or mental health counselor. Proposed is the need for school and mental health counselors to be aware of Dissociative Identity Disorder (DID) symptoms to intervene through referrals to appropriate therapists.

Dissociative Identity Disorder (DID): Characteristics in Childhood

The knowledgeable elementary school counselor can be beneficial in the early detection and diagnosis of Dissociative Identity Disorder (DID), formerly called Multiple Personality Disorder. According to DSM-IV (American Psychiatric Association, 1994), DID is:

> "the presence of two or more distinct identities or personality states (Criterion A) that recurrently take control of behavior (Criterion B). There is an inability to recall important personal information, the extent of which is too great to be explained by ordinary forgetfulness (Criterion C). The disturbance is not due to the direct psychological effect of a substance or general medical condition (Criterion D). In children, the symptoms cannot be attributed to imaginary playmates or other fantasy play" (p. 484).

Between the elementary school ages of five to eight years old, DID emerges as a disorder (Fagan & McMahon, 1984; LaPorta, 1992; McElroy, 1992). The elementary counselor who understands the symptomology of dissociation can make the appropriate referral for early intervention. McElroy (1992) indicates that the early symptom intervention and recognition of dissociation may help to "slow the disorder's epidemic growth" (p. 834). If the ravages of this mental disorder are to be ameliorated, early intervention is essential (Kluft, 1984; LaPorta, 1992; McElroy, 1992).

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Symptoms

According to McElroy (1992) and LaPorta (1992), pioneering work by Putman, Kluft and Fagan and McMahon led to recognition of childhood DID. Kluft (1984), Fagan and McMahon (1984) and Putman (1989) described symptoms that have become the criteria for diagnosing children with DID. The DSM-IV (American Psychiatric Association, 1994) summarizes the work of these pioneers in the field of DID. The terms primary and secondary symptoms used in this article are not diagnostic terms but rather terminology to aid in discussion of the DID symptoms.

Primary Symptoms

The child with DID exemplifies dissociation through dazes, trances, daydreaming, or petit mal type symptoms (Fagan & McMahon, 1984). The classroom teacher observes difficulty getting the child's attention refocused on school tasks. The dissociation serves the child in four ways: escaping from reality, "forgetting" painful memories and emotions, separation and depersonalization from self, and dulling of physical pain (Putman, 1989).

The child may go by more than one name, seem unaware of his/her name, or will speak of his/her name as if the child was talking about someone else (Fagan & McMahon, 1984). Names and naming can take place by either adapting a form of the child's name or by the function of the personality (Putnam, 1989). The author supervised a counselor who worked with an example of this behavior. The counselor and teacher realized that Robert responded to Bob, Bobby, Robin, Rob, Bobbin, or Robo at different times. When the teacher called his name and touched him, Robert would correct the teacher with a "nickname."

Noticeable changes of mood, voice, attitude, mannerisms, or sex roles beyond developmental expectations of childhood evidences DID (Fagan & McMahon, 1984). The most dramatic of these changes are those that rapidly change from passive to aggressive roles. As Putman (1989) points out, these changes are indications of "switching" personalities. Changes indicative of switching are facial, posture, and motor, voice and speech, dress and grooming, behavioral age, and cognitive abilities (Putman, 1989). A counselor working in a private agency and under the author's supervision reported a nine year-old female with a personality of age sixteen. When the sixteen-year-old personality manifested, the child's face changed shapes by the repositioning of the lower jaw and arching the eyebrows. The quality of art work during this time was exceptional for a child chronologically nine-years-old.

The child with DID exhibits memory losses or cannot account for periods of time (Fagan & McMahon, 1984). LaPorta (1992) describes a child with DID expressing intense anger as the Big Bad Sister personality but could not recall

what the Big Bad Sister personality had said. The child wanted to know what the Big Bad Sister had done and how she, the good sister, would be punished.

The child with DID sometimes has odd physical manifestations (Fagan & McMahon, 1984). The child may exhibit changes in handedness, handwriting legibility, visual acuity, psychomotor development, preferences in food, music, sports, or recreations. Kluft (1984) noted that because adults control children's lives, children's physical manifestations of multiplicity are more subtle. "Whereas an adult's personalities may have different wardrobes, closets, diets and socialization patterns, a child might have different favorite clothes, hiding places, desserts, or preferred playmates at recess" (Kluft, 1984, p. 124).

Children exhibiting two or more of these primary symptoms (Fagan & McMahon, 1984) are at high risk for developing or may have already displayed DID. These high risk children need further evaluation by a clinician familiar with DID diagnosis in children.

Secondary Symptoms

Classroom performance may be very inconsistent leading to referral or diagnosis for learning disabilities (Fagan & McMahon, 1984). Lindsley (1989) states that children displaying DID are often labeled developmentally delayed, learning disabled, or intellectually challenged. Kluft (1984) describes a child with DID who was considered to have some type of cognitive disability. The boy exhibited learning gaps in certain subjects. One day the child could do academic tasks; the next day he could not. Teachers may observe that the child with DID is able to master a concept, then suddenly forget the concept. The erratic display of academic skills may make the teacher suspect that the child is cheating while being unable to find evidence of cheating.

Disruptive, delinquent or peculiar behavior may make the child a focus of school authorities (Fagan & McMahon, 1984). One seven-year-old girl with DID the author/counselor observed talked to unseen persons and used crayons to make drawing motions around her face. The crayons never touched her face, but she repeated this action each time she chose a new crayon. The child denied the behaviors when she was confronted by the author/counselor. The teacher reported that the child would pinch or hit other children, but the child denied the actions when confronted by the teacher or other adults. Frequently, the child saw the principal because she was hitting, pushing, shoving or committing other aggressive acts against classmates. The child accepted the principal's punishment with passivity. The child's work in the classroom was typically of a learning disabled child, but evaluation by the school psychologist did not indicate a disability.

Fagan and McMahon (1984) write that attempts to diagnose or provide interventions are unsuccessful when using traditional approaches. In contrast to

Fagan and McMahon (1984), McElroy (1992) speculated that traditional therapy focused on the children's dissociations was a more efficient and effective therapeutic intervention. McElroy (1992) found that children placed in a safe and caring traditional therapeutic environment would integrate the personalities into one through the natural growth and developmental process.

Lies or denial of behaviors evident to adult observers are common for the child with DID (Fagan & McMahon, 1984). Denial of negative behaviors and emotions is most troublesome in classroom discipline and, therefore, easily recalled in describing the child to the counselor. "Apparently pathological lying or disavowing of observed behavior is one of the best diagnostic predictors in child and adolescent multiples" (Putman, 1989, p. 78).

The child with childhood DID typically does not respond to discipline. The greater the threat the discipline presents, the more likely the child will dissociate from the situation. If the child switches personalities, the child's personality which is disciplined is the personality created to deal with threatening or fearful situations. Once the situation has passed, the personality recedes and another emerges. The child simply is not present to learn from the experience. Children have described this dissociation phenomena in many different ways. Some have talked about becoming an object in the room, having viewed the scene from a distant place, having gone into a closet in their mind, or having transported themselves to a pleasant place like a park or circus (Kluft, 1984; LaPorta, 1992; McElroy, 1992).

Discipline may be met with denial of guilt and protestations of innocence. The child may have an empty stare, be excessively calm, or show no emotional reaction indicating dissociation. The child's protestations of innocence are convincing, because the child has no remembrance of the incident. The child's personality responding to the confrontation has no knowledge of the wrong doing (Fagan & McMahon, 1984; Kluft, 1984; 1985; McElroy, 1992).

The child exhibiting DID may engage in theft, forgery, cruelty, and destruction beyond developmental expectations of childhood behavior (Fagan & McMahon, 1984). Many children with DID show an aggressive personality which does not follow rules of behavior and can be harmful to property. Property damage may be extreme or may appear as childish revenge (Fagan & McMahon, 1984; Kluft, 1984; 1985; McElroy, 1992; Putman, 1989). Children with DID may engage in self-destructive behaviors. These behaviors include: self-mutilation, recklessness, accident proneness, high risk behavior, and other self-injurious behaviors. Many of these children are also suicidal and express suicidal ideation in conversation, writing or art work (Fagan & McMahon, 1984; Kluft, 1984; 1985; McElroy, 1992; Putman, 1989).

Because of the presence of an aggressive personality, which may identify with an abuser, the child with DID may be dangerous to other children. The

child with DID may be physically violent, display inappropriate sexual behaviors, or be verbally abusive to others (Fagan & McMahon, 1984; Kluft, 1984; 1985; McElroy, 1992; Putman, 1989). The principal, classroom teacher and school nurse may observe truancy, loneliness, and unfounded physical complaints or evidence of abuse (Fagan & McMahon, 1984; Kluft, 1984; 1985; McElroy, 1992; Putman, 1989). These symptoms are not uncommon in children suffering from abusive situations. According to the Royal Ottawa Hospital statistics (Staff, 1990), approximately 92% of persons exhibiting dissociative identity disorder were sexually or physically abused as children.

Extreme stress symptoms like sleepwalking, seizures, paralysis and blindness are not uncommon (Fagan & McMahon, 1984; Kluft, 1984; 1985; McElroy, 1992; Putman, 1989). Sleep disturbances are the most common stress symptoms among children with DID. The family may find evidence of the child having been busy in the night. The evidence takes the form of artwork, poems, notes, relocated furniture, and other types of activities that are not within the child's awareness (Putman, 1989).

Discussion

McElroy (1992) criticizes Fagan and McMahon's (1984) list of 26 characteristics as including several everyday experiences like loneliness, physical complaints, and imaginary friends. McElroy (1992) asserts that "separating symptomatic phenomena from the boundaries of normal childhood experience remains a difficult process" (p. 839). Similarly, the DSM-IV lists DID as a disorder found in children but warns that "in children, the symptoms cannot be attributed to imaginary playmates or other fantasy play" (American Psychiatric Association, 1994).

Fagan & McMahon (1984) urge counselors and others to be vigilant for the child with multiple personality and caution that an inexperienced or untrained person should not attempt to provide therapy without supervision in a controlled environment. The danger of a destructive personality emerging is great.

A counselor best serves the child with DID in five ways. First, the counselor may be cognizant that DID has been shown to develop in children who are abused and traumatized. Secondly, the counselor can report all suspected child abuse to the proper authorities to assist in the removal from or reduction of traumatic environments. Third, the counselor can be aware of the behavioral characteristics of the child with DID. Finally, the counselor may seek to identify therapists who specialize in working with children with DID for consultation or supervision. Fifth, the counselor can seek additional training through such agencies as The International Society for the Study of Multiple Personality and Dissociation, headquartered at 2506 Gross Point Road, Evanston, IL 60201.

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Teaching Students to Appreciate Nature as a Meditation Exercise for Personal Stress Management

Brian F. Geiger

The author wishes to express appreciation to Dr. Ruth P. Saunders, USC School of Public Health, for assistance in developing this teaching idea.

Abstract

This article describes a simple classroom activity that can be used by school health educators or counselors to teach students the steps of a personal stress management program while dispelling myths about meditation and deep relaxation techniques.

Teaching Students to Appreciate Nature as a Meditation Exercise for Personal Stress Management

Adding student activities, small group exercises, and discussions to didactic health instruction benefits both the students and educator. Students are provided with guided opportunities to integrate important content into their daily lives, learn and practice skills for health decision-making, solve problems in peer groups, and share ideas and beliefs. The school or college health educator or counselor can reinforce vital information and assess the extent to which students or clients have integrated content for practical use.

Purposes and Objectives of the Exercise

The purposes of the nature appreciation activity were to dispel myths about meditation as a difficult or dangerous practice and to teach college or secondary school students steps to use meditation as part of a personal stress management program. This in-class exercise was only one component of a comprehensive unit on mental health and stress management taught by the author at the University of Alabama at Birmingham. There were five learner objectives for this exercise:

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1) Students will individually select and thoroughly examine objects from nature; 2) Students will demonstrate use of their tactile, visual, aural, olfactory, gustatory, and aesthetic senses to appreciate the characteristics of natural objects; 3) Students will discuss the health threats from an imbalanced lifestyle that lacks a plan for managing stress; 4) Students will learn to dispel misconceptions about the uses and benefits of meditation; and 5) Students will learn and practice the steps to use meditation to reduce personal stress.

Explanation of Teaching Idea

Prior to selecting and individually examining natural objects in the classroom, each student had read 12 assigned chapters on mental health and stress management (Greenberg, 1993). Students completed activity sheets and assessments in a companion workbook to assess their current uses of mental health skills for stress reduction (Greenberg, 1992). Students were encouraged to complete workbook assignments before class in order to integrate course content from lectures, films or videos, and activities.

The purpose of the classroom activity and ground rules were explained to students at the beginning of the class session. Two main ground rules emphasized to students were voluntary participation by individual students and respect for each student's personal beliefs and opinions including prohibition against peer criticism or censure. Ground rules were helpful to establish a classroom environment which was nonthreatening and nonjudgmental and encouraged participation by all group members.

At the beginning of the class session, students were told to select two or three natural objects that were "personally interesting" during a walk in the woods surrounding a lake near the classroom facility. A wide variety of objects were chosen: dry and wet leaves, plant flowers and stems, sticks, stones, seed pods, tree bark, sand, and even insects. After returning to the classroom, students were instructed to select a single object from their pile, pick it up, and examine it carefully. They were encouraged to fully use their senses of sight, touch, smell, sound, taste, and emotion/feeling to perceive all of the object's characteristics, eg., object appearance, temperature, and texture. Students were told to individually study their objects for about ten minutes, without thinking about anything else, for instance, course assignments, work or family responsibilities, or what their classmates were doing. Students were told that each one would have a chance to describe their object to their peers in a few moments (Kabat-Zinn, 1990).

After all students had completely examined their objects, the instructor led a discussion with the entire class about the exercise and its relation to good mental and physical health. Students responded to questions posed by the instructor that required application of mental health and stress management

knowledge (see Figure 1). Students were not limited to responses to the teacher's pre-determined questions about the activity; instead, questions posed by the teacher guided class discussion. Students were encouraged to ask questions about personal health concerns. In the second half of the class session, students viewed the program, "Healing from Within" from the television series, Healing and the Mind with Bill Moyers (Thirteen WNET-TV, 1993). Each student was given a two-page handout that briefly summarized the program and described a simple stepwise method to learn meditation for relaxation.

Recommendations for School and College Health Educators and Counselors

The teaching idea was field tested during an undergraduate stress management course taught during the 1994 summer academic term at the University of Alabama at Birmingham. Combining presentation of health information in lectures, films, and videos with student application exercises enriched instruction about mental health and personal stress management. Educators and school counselors can further understand students' mental health-related knowledge and skills through classroom exercises and active dialogue about the relationship between lifestyle habits, emotions, and health.

This teaching idea can easily be incorporated as one exercise in a comprehensive school health education curriculum at the college or secondary school level or used during counseling practice to introduce a client to skills for meditation and relaxation. Through appreciation of simple properties of objects commonly found in their environment and discussion of perceptions about lifestyle behaviors and mental health with peers, students learned to apply informational knowledge about mental health to their personal lives. An expressive classroom activity was helpful to encourage class participation by many students, including those who had been previously reluctant to speak freely in the classroom in response to the instructor's questions. Students will be more likely to discuss honestly their personal health concerns if they perceive that the classroom environment is safe and the teacher or counselor is trustworthy.

Students were very interested in this exercise. They eagerly compared their objects and shared descriptions and feelings with peers. According to student comments and instructor observations, students enjoyed the novelty and informality of this exercise and integrated course content into skills for personal stress reduction.

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Figure 1. Thought Questions to Guide Student Discussion about the Mind and Body Health Connection.

1) What was the most difficult part of this exercise?

2) What did you enjoy most about the exercise?

3) What characteristics of your object did you identify after careful examination?

4) What characteristics of your object surprised you?

5) How would you describe this object to someone who had never seen one before?

6) Of what value are meditation exercises to someone threatened with a serious illness or disease?

7) What have you learned about you and the world around you from this class exercise?

POEM

The poem "Rejected" was submitted with the client's permission by Ray Burwick who wrote the following introduction:

"When I was a child, I spoke as a child, I understood as a child, I thought as a child, but when I became a man (adult), I put away childish things."

As counselors we are challenged not only to listen to current pain but also to probe for the childhood anguish that exacerbates and cripples adult living and to help our people put it away. A middle aged woman named "J.C." began her quest for wholeness with the following poem.

Rejected

She had promised to take me with her
When she went to her mountain retreat.
She had wanted to me meet her friends.
"Great!" I had said. "What a treat!"

But now I hear that her get-away
Was last week. She never called.
And now I sit here, all alone.
My self-esteem is mauled.

It's not just this rejection
That opens up the pain.
It's the memory of a sixth-grade day.
After years the hurt won't wane.

On that day I thought of a friend,
And called her on the phone.
"Oh, she's at Carole's party.
In an hour or so she'll be home."

And so I called another friend
And got the same reply.
On and on, down the list.
I thought my heart would die.
I didn't tell a single soul,
But deep inside I sobbed.
The shame of being a misfit
Left me violated; robbed.

In class my scores made the fell dumb
But they got their chance:
Withhold the invitation
To a party or a dance.

Or sometimes I would hear them
When they thought I wasn't near.
Ridiculing, mimicking--
Years later, they're still here.

Two little letters shape your fate:
They "in"clude or "ex" clude you.
Two little letters scar your life
And confidence eludes you.

My classmates never saw my heart.
My mother said, "Don't tell them."
I would have liked to be like them
But as time passed, that hope grew dim.

So now I sit in my kitchen,
Shedding tears of shame.
Like the little girl of long ago
Who wanted to join the game.

God, I need a shelter.
I never want to leave.
The walls that guard me from the world,
Are the walls to which I'll cleave.

J. C.

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- NOTES -

GUIDELINES FOR AUTHORS

The purpose of the Alabama Counseling Association Journal is to communicate ideas and information which can help counselors in a variety of work settings to implement the counseling role and to develop the profession of counseling. A function of the Journal is to strengthen the common bond among counselors and to help maintain a mutual awareness of the roles, the problems, and the progress of the profession at its various levels. In this context, thought-provoking articles, theoretical summaries, reports of research, descriptive techniques, summaries of presentations, discussions of professional issues, reader reactions, and review of books and media are highly regarded. Manuscripts that are either theoretical-philosophical or research-oriented should contain discussions of implications and/or practical applications and should make apparent the relationship between the topic of focus and related professional literature.

When submitting a manuscript for publication, use the following guidelines:

1. The manuscript must be typewritten or word processed on eight-and-one-half by eleven inch white paper, doubled-spaced, with 1 inch margins.
2. An original and three copies should be submitted for the review process, and a file copy should be retained by the author.
3. Before a manuscript can be accepted, a separate sheet must be provided stating the current position, work address of the author(s), and telephone number. Following a preliminary review by the editor, manuscripts will be sent to members of the Editorial Review Board for anonymous reviews.
4. Avoid footnotes when possible.
5. Camera-ready tables or figures should be on separate pages.
6. References must follow the style described in the Publication Manual (Fourth Edition) of the American Psychological Association.
7. Do not submit material that is being considered by another publication.
8. Manuscripts should not exceed 13-15 pages including references, tables and figures.
9. Each manuscript should include an abstract of not more than 75 words. The abstract should be typed on a separate page.
10. All manuscripts accepted for publication may be copy edited or altered for clarity. No alterations which change the integrity of the article will be made without the author's permission.
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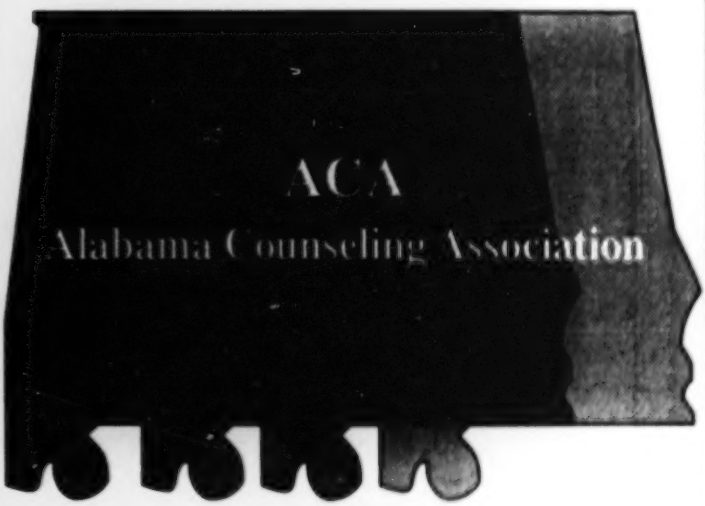

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A WORD FROM THE CO-EDITORS

This issue of the AlCA Journal marks the end of our term as co-editors. We consider it a privilege to have served the Alabama Counseling Association in this capacity. There are many people to whom we offer our sincerest appreciation for invaluable help in executing our responsibilities as co-editors.

To the members of the editorial board, we extend our gratitude for their service in reviewing articles, making recommendations, and offering helpful suggestions to authors for revision. That the co-editors could not have accomplished our work without this assistance is obvious but, nevertheless, very important to acknowledge.

Because of the content of many of the articles submitted, there were three members of the editorial board who were asked to review a disproportionate number of manuscripts. Their very thorough and helpful reviews were always promptly returned, thereby greatly assisting the co-editors and the prospective authors in the review process. Thus, we extend particular appreciation to these three members – Debra Cobia, Joyce Rhoden, and June Gamble.

Juanita Turner, secretary to the faculty of the counseling program at UAB, deserves special appreciation for her conscientious effort in preparing all correspondence pertaining to the receiving and reviewing of articles as well as preparing the manuscripts for printing. Rebecca Rivers, graduate assistant to the counseling faculty, provided much-needed assistance in the on-going, administrative process. For this last issue, we would like, also, to acknowledge and express appreciation to Betty Sherrer, assistant to Gypsy Abbott, for her very helpful assistance in the final editing of the manuscripts.

In completing our term as co-editors, we offer our strong support and encouragement to Joel Farrell, III, the new editor of The Journal, and wish him and the editorial board much success in their efforts to provide the Alabama Counseling Association a journal that will be informative and useful to the membership and to the profession.

Gypsy A. Abbott and Glenda R. Elliott
Co-editors, *AlCA Journal*

GUEST EDITORIAL

A WORD FROM THE PRESIDENT

The focus of our organization for this year is working together for our profession. In support of this idea the Executive Board passed a motion urging the leadership of the American Counseling Association to work to solve the problems that have led to the withdrawal of the American School Counselor Association from our organization. The Board also passed a motion in support of the action taken by the Alabama School Counselor Association encouraging the American School Counselor Association to work to solve its problems with ACA and stop the disassociation movement.

Below is a letter that was sent to ACA President Joyce M. Breasure.

> Dear Joyce,
>
> At the Alabama Counseling Association Board meeting on July 24, 1995, a motion was made and passed that you and the other leadership of the American Counseling Association be encouraged to continue to work with the leadership of the American School Counselor Association to bridge the gulf between our organizations. The Board was aware of much of your effort thus far and it is appreciated.
>
> The Alabama Counseling Association feels that we are all counselors. We have chosen to have different job settings. To lose a major component is not good for any part of our organization.
>
> Again we applaud your efforts to solve the problems. We encourage your continued efforts to bring our organization back together.
>
> Sincerely,
>
> Meg Smith
> President

As members of our profession, it is our responsibility to let the leadership know our feelings and concerns about the future of this organization. I encourage each of you to contact your national and state division leaders about this or any other concerns that you have concerning our organization.

Margaret (Meg) Smith
President, AlCA

ARTICLES

The Candidates' Perspectives of Structured Preadmission Interviews: An Ethnographic Study

Sandy Magnuson
and
Brad Chissom

Abstract

The use of preadmission interviews in counselor education has been criticized because there has not been empirical evidence to support their predictive validity. Additionally, questions have been raised regarding potential negative effects on candidates. The authors report results of an ethnographic study to investigate student perceptions of a preadmission interview. Findings indicate that students found the interviews to be an enjoyable and thought-provoking learning experience.

A general review of the counselor education literature reveals recurring attempts to identify measures that would lend precision to selecting candidates for admission into counselor education programs (Hosford, Johnson, & Atkinson, 1984; Markert & Monke, 1990; Walton & Sweeney, 1969). Counselor educators have explored predictive considerations such as graduate entrance examinations (Markert & Monke, 1990), undergraduate grades, personal inventories (Hosford et al., 1984; Walton & Sweeney, 1969), and interviews (Hosford et al., 1984; Markert & Monke, 1990). Authors have consistently concluded that established practices are inadequate measures for predicting success in counselor education programs (Hosford et al., 1984; Hurst & Shatkin, 1974; Markert & Monke, 1990). They have repeatedly called for additional research to identify valid procedures to select students for counselor education programs (Hosford et al., 1984; Markert & Monke, 1990; Hurst & Shatkin, 1974; Walton & Sweeney, 1969).

Preadmission interviews, having a wide variety of forms, are common application requirements (Markert & Monke, 19990). Hollis and Wantz (1994),

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in the most recent edition of their longitudinal study of counselor education programs, reported that pre-admission interviews are required by faculties in 62% of the master's level counselor education programs participating in their investigation. While many educators informally endorse the value of interviewing prospective students, little empirical evidence has supported their validity as a predictive measure (Hosford et al., 1984; Markert & Monke, 1990). Additionally, Rickard and Rahaim (1982), investigating the impact of interviews on applicants for a clinical psychology program, suggested that selection interviews may have negative effects on candidates, particularly those who are not accepted.

The primary author and the counselor educators at the University of North Alabama recognized the importance of relying on valid student selection procedures. They began scrutinizing admission requirements of a master's level counselor education program in the spring of 1993. Quantifiable selection and outcome criteria were established, and a longitudinal study to investigate the validity of the student selection procedures was initiated. Among the preadmission requirements was a structured, quantifiable individual interview that was conducted by one or more members of the faculty. Preliminary findings indicate that preadmission interview ratings are significant predictors of outcome measures in an introductory counseling course (Norem & Magnuson, 1995).

The purpose of this component of the study was to explore candidates' and students' experiences and perceptions of the preadmission interview. The authors selected an ethnographic methodology because it allowed them to be active participants as well as observers in the process of eliciting and reporting student perceptions of the selection interview (Sell, Smith, Coe, Toshioka, & Robbins, 1994). They further believed the qualitative approach would enrich the interpretation of the quantitative data collected in the study (Moon, Dillon, & Sprenkle, 1990).

Setting

The study was conducted with graduate students enrolled in the counselor education program at the University of North Alabama. The 42 hour program (subsequently increased to 48 hours) provides general preparation of counselors for school and community settings. Student enrollment (full time equivalent) is approximately 35; there are three full time counselor educators. The majority of students enrolled in the counseling program commute from the surrounding eight county area.

Preadmission Interview

The authors reviewed the literature to identify personal attributes that were consistent with success in academic, as well as performance, areas of counselor education. Among the qualities that correlated with effective counseling were psychological health (Cavanaugh, 1982; Cormier & Hackney, 1993), tolerance and regard (Engles & Dameron, 1990), motivation (Sharpley & Pain, 1987), and competence (Cavanaugh, 1982; Cormier & Hackney, 1993). The authors hypothesized that they could recognize these characteristics by asking specific questions during a structured interview.

All candidates for enrollment in the counselor education program were required to participate in a preadmission interview conducted by a faulty member. Upon completion of the interview, candidates responded to a wellness inventory and described in writing how they would respond to a series of vignettes. An additional requirement at the time of the interview was a written statement of purpose indicating reasons for applying for enrollment in the counselor education program at the University of North Alabama. The entire process took approximately one and one-half hours for each candidate.

Method

The investigation consisted of two components: (a) a written survey and (b) research interviews. Questionnaires (shown in Figure 1), a letter of explanation, and a stamped envelope with the primary author's address were given to applicants at the end of all preadmission interviews conducted between March and July, 1994. The primary author asked professors of 1994 spring semester classes to read a letter to students enrolled in the program inviting them to participate in research interviews.

Sample

Twenty-six survey forms were distributed to applicants upon completion of the preadmission interviews. Fourteen (54%) of the questionnaires were returned. In order to assure applicants' confidence in anonymity, no demographic information was obtained and no follow-up strategies were employed.

Three female and two male students participated in research interviews. The students were enrolled in the second or third semester of their program and had been interviewed for admission during the previous summer or early fall semesters. Ages of the interviewees ranged from 23 to 43; the mean age was 33, and the median was 30.

The Research Interview

The primary author (not a counselor educator in the program) contacted by telephone each of the research interview volunteers to describe the purposes of

the study and the nature of the interview. The interviewees gave permission to have the interview video-taped and scheduled appointments to be interviewed.

The interviews, lasting approximately 45 minutes, were conducted in the primary author's office. She began the interview with a brief review of the purpose and emphasized the important contribution each interviewee would make to the study and to the counselor education program. She began the interviews with a structured set of questions and then encouraged interviewees to elaborate on their responses and comments. As part of one question, she presented the participants with the initial portion of the written survey, asking them to identify descriptors of their reactions to the preadmission interview.

Results

Research Interview Analysis

When all interviews were conducted, the primary author prepared a transcription of the video-tapes. Summaries of the responses to each question follow.

What do you remember about the interview?

Three participants, all women, recalled being nervous at the onset of the preadmission interview, but becoming comfortable as it progressed. The other two emphasized that they remembered the structure of the interview but not the content of the questions. Two persons related the purpose of the interview to screening; one thought the interview was conducted so that the candidate and the faculty member could become acquainted, and another suggested that it was to judge the candidate's ability to reason. One person remembered feeling "silly" because she did not know the differences between counseling and related professions.

What were your reactions to the interview experience?

The participants reported being nervous at the preadmission interview; one specifically said that while he was "a little nervous," he was also quite comfortable. They said the preadmission interview was interesting and thought provoking. Three indicated that the experience was enjoyable. One mentioned that she appreciated the opportunity to become acquainted with the professor.

Four of the five participants explicitly said they did not resent being asked questions; however, one elaborated that he wondered why the questions were being asked. He remembered thinking, "Well, I'm not qualified to answer these questions. That's why I am coming--to learn to do this...If I knew the answers I wouldn't be here." He emphasized that he did not resent being asked the questions but that he was curious about the purpose behind them. He had wondered if he lacked the knowledge base necessary for succeeding in the program.

Four of the interviewees said the questions were appropriate. One, however, was surprised that the questions were not more difficult or detailed. He added that, "In some classes, it is pretty obvious that there are students who need counseling rather than need to be one...I think a selection process is a good idea, actually."

Other reactions offered by participants included curiosity about the acceptability or accuracy of their responses. One had been concerned about the inability to give "textbook" answers.

Based on the experience, what expectations did you infer that the counselor education faculty has of their students?

None of the participants reported that he or she inferred anything specific about faculty expectations. Two perceived a degree of "seriousness" on the part of the faculty; one thought the program expectations would be demanding, but attainable. Another was surprised at the extensive coursework requirements; she interpreted the requirements to mean the program was more "in-depth." One student recalled being "scared" that he was not prepared with adequate undergraduate training to meet the program's requirements.

What questions did you wish you had asked or what different responses did you wish you had given?

Students generally indicate they were given ample opportunity to ask questions or clarify their responses. One said, "I talked so much...I'm sure that if I had wanted to talk about something I would have." Another said, "I felt like I had a chance to talk about myself...tell what I wanted to do...".

The participants seemed to leave the interview with a sense of completion, although some were curious about how the performance was judged by the interviewer. A suggestion was made by two interviewees to include specific questions about applicants' career goals, e.g., "What do you want to do with this degree?"

What would you have liked the interviewer to do differently?

Participants were generally unable to identify substantive differences they would have liked during the preadmission interview. One person seemed to explain his inability to offer suggestions by saying, "It wasn't a bad experience so I can't say...It wasn't as bad as I thought it was going to be. I was trying for an exam and it was a pop quiz!"

Two referred to the inadequacy of the office area; one mentioned that she would have preferred to respond to the written portions of the interview process in a private room. Two persons mentioned that they would have liked feedback, particularly on the written component of the interview process. Two students

thought the interviewer should provide information about program accreditation during the interview.

What additional feedback or suggestions would you offer for improving the interview/admission procedures?

The suggestions offered related mostly to dissemination of information. One person suggested that preliminary information about the content and purpose of the interview would alleviate anxiety and enable candidates to prepare. Others indicated that students would benefit from advance information about program requirements and requirements for accreditation. It was also suggested that information about career opportunities and the outlook for graduates obtaining positions be discussed. Two persons suggested that the interviewer address applicants' goals and purposes for wanting to enroll in a counselor education program more directly. One participant thought the interviewer should initiate a mutual assessment regarding the appropriateness of the program in the context of applicants' career goals.

Additional Information Obtained

Four of the participating students, at some time during the research interview, volunteered that they thought the preadmission interview was a good idea. One person said that even if she had not been accepted in the program, "the interview was still a good experience."

All five interviewees supported limiting enrollment and cited various reasons. Two equated limited enrollment with credibility. Some suggested that students would approach classes with more "seriousness" with restricted enrollment. One student suggested that it "should have been harder to get in. It would make me feel I was getting more out of the experience, a better degree, a better program. I associate stricter guidelines with a better program."

Survey Analysis

The author received 14 completed survey forms during the four-month period. The questionnaire is shown in Figure 1.

Figure 1.
Questionnaire distributed to applicants after preadmission interview.

Please indicate Your responses to each item:
(Use the back or attach paper when additional space is needed.)

1. What reactions did you have during the interview? Please check any which apply to you and add your specific responses that are not listed.

_____ I was extremely nervous.
_____ I found the interview to be an interesting experience.
_____ The interview was thought provoking.
_____ I enjoyed participating in the interview.
_____ I resented being asked so many questions.
_____ *I thought some of the questions were inappropriate.
_____ *I didn't understand some of the questions.
_____ *I found the interview to be a learning experience.
_____ I did not like it because_____
_____ _____

*Please specify on the back of the paper.

2. Based on the interview experience, what expectations do you believe the counselor education faculty has of students?

3. After the interview, what questions did you wish you had asked or what different response did you wish you had given?

4. What would you have liked the person who conducted the interview to do differently?

5. Please provide any additional feedback you believe would be helpful.

Thank you very much!

The candidates who returned completed survey forms generally indicated that the pre-admission interview was a positive experience. Only one person (7%) reported being extremely nervous; none indicated that he or she disliked the process. Twelve (86%) prospective students thought the interview was an interesting experience, and 11 (79%) indicated that it was thought provoking. Eight (57%) enjoyed the interview; six (43%) said it was a learning experience. It is important to note that the person who reported being extremely nervous

also enjoyed the preadmission interview and found it to be an interesting, thought-provoking experience. Responses to the initial questions of the survey are summarized in Table 1.

Table One
Summary of Responses to Forced Choice Items

Item Topic	Number of Respondents	Percentage
Extremely nervous	01	07
Interesting experience	12	86
Thought provoking	11	79
Enjoyed participating	08	79
Resented questions	00	00
Inappropriate questions	00	00
Didn't understand items	00	00
Learning experience	06	43
Didn't like interview	00	00
Other	01	07

Response patterns in the first section of the survey ranged from selections of one to four items. Three (21%) persons marked one item; one (7%) respondent selected two items, six (43%) prospective student checked three items, and four (29%) candidates identified four items. One (7%) provided and selected an alternate item. The response patterns are summarized in Table 2.

Table Two
Responding Pattern for Forced Choice Items

Number of Items Selected	Number of Persons	Percentage
1	3	21
2	1	07
3	6	43
4	4	28
5	0	00

Prospective students who selected the item inquiring about the interview being a learning experience were asked to augment the response with specific information. One of the persons elaborated with, "[The interviewing professor] asked me what the difference is in a counselor, social worker, and a psycholo-

gist. I told him I didn't really know how to answer the question. I never had thought about it. I have been thinking about this ever since."

More variation was shown in responses to items two through five, the open ended questions. All respondents answered the first open-ended question related to their inferences of faculty expectations. Five (36%) of the candidates responded to the item regarding questions they wish they had been asked or answers they wish they had given. Six (43%) prospective students provided substantive responses to the question, "What would you have liked the person who conducted the interview to have done differently?" Three (21%) offered additional feedback. The pattern of responses is summarized in Table 3. Representative responses follow.

Table Three
Response Pattern to Open-Ended Items

Item	Number Who Responded	Percentage
Inferred expectations	14	100
Post-interview questions	05	36
Wanted something different		
Complimentary response	05	36
"Nothing" or no response	08	57
Concerned about response	01	07
Additional feedback	03	21

Based on the interview experience, what expectations do you believe the counselor education faculty has of students?

Answers to this question were more thorough and specific than those reflected in other items. One student wrote, "Responsibility, good communication skills, energetic, cooperative, and self-disciplined individuals." Another inferred that, "The University does not accept those who are not qualified--due to keeping the good reputation in mind...". An applicant related the thoroughness of the interview process to expectations of students to be thorough. A different emphasis was noted on one survey: "I believe the faculty expects for the students to have a basic understanding of the definition of counseling. Also, they expect the students to have an enthusiasm about their decision." One mentioned problem solving skills and writing ability as faculty expectations; two applicants referred to qualities such as openness, honesty, sincerity, and tolerance. Five of the respondents alluded to competence in the context of professional counseling.

After the interview, what questions did you wish you had asked or what different response did you wish you had given?

One applicant said that she or he would like to have been more serious and self-assured; another wished that she or he had asked for feedback. One student thought he or she should have asked about what the faculty expects of the student. Two mentioned responses they had perceived as inadequate that related to their reasons for selecting the profession or the program.

What would you have liked the person who conducted the interview to do differently?

Five (35%) of the persons responded to this item with a complimentary comment regarding the interviewer. Eight (57%) respondents left the item blank or wrote, "Nothing." One (7%) person indicated that prior knowledge about the questions would have enabled him or her to be better prepared.

Please provide any additional feedback you believe would be helpful.

Three persons responded to the final item, an invitation to provide additional feedback. The more thorough responses generally elaborated on previous comments related to enjoying the experience. Another person said the vignettes were interesting. The only suggestion was that questions would be easier to answer if prospective students were given information about what would be asked prior to the preadmission interview.

Other

One student added and selected an alternate option. The comment included was, "It probably helped me to be sure this is what I need to do."

Conclusions and Comments

The data gathered through this investigation generally indicates positive responses, on the part of enrolled and prospective students, to the preadmission interview. Students already enrolled in the program enthusiastically supported the selection interview; prospective students enjoyed the experience and learned from it.

Responses to the survey generally conveyed that prospective students are able to make fairly accurate inferences regarding faculty expectations. They recognized investment in the profession that was modeled by the interviewer, and they seemed to have some sense of the required academic rigor. None of the prospective students indicated negative reactions to the preadmission interview; a clear majority thought it was interesting, thought-provoking, and enjoyable.

The authors acknowledge limitations of the study. Relying on volunteers for the research interview sample increased vulnerability for bias (Stainback & Stainback, 1984), and the small number of participants restricts generalization of findings. Additionally, cognitive dissonance theory would suggest that persons who had met rigid enrollment requirements would be more likely to endorse the importance of those standards for others (Forsyth, 1987).

While the 53% response rate is within a typical range when conducting research, nothing was done to account for the 13 (48%) students who did not respond. One interpretation would suggest the information from those who did not return the survey was vital to the credibility of the study. An alternate explanation would be that the persons who did respond more accurately represent the commitment of students desired for enrollment, thus lending credibility. A broader sample, encompassing and identifying accepted as well as rejected applicants would, in all likelihood, influence the results.

The authors were surprised that none of the enrolled students had inferred from the faculty the expectations regarding academic performance or professional orientation. This was quite inconsistent with responses of prospective students, some of whom recognized that the interviewer modeled commitment to the counseling profession and expected the same commitment of students. Prospective students also seemed to infer more about academic expectations.

Despite limitations, the consistent data collected in the investigation suggest that preadmission interviews can be a positive, valuable experience for potential students. One student benefit that was implied or explicitly stated relates to becoming acquainted with at least one professor prior to enrollment. In the interview context, prospective students had opportunities to share career plans and personal interests with the interviewer. Additionally, they could ask questions to assess their decision to enroll in the program.

The critical question must still be answered: Can a structured preadmission interview contribute to a valid and reliable student selection process? This study raises an additional question: Do potential advantages of preadmission interviews for students warrant the procedure, even when interviews are not considered in a student selection process?

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Corporal Punishment in Alabama: A Choice of Consequences

S. Allen Wilcoxon
and
Albert Miles

Abstract

This article features an examination of the legal considerations and issues affecting the use of corporal punishment as a method of discipline in Alabama public schools. While the article does not offer an advocacy or adversary position on corporal punishment, it does provide a discussion of issues such as substantive due process, excess, and unequal protection in practices of corporal punishment. A suggested framework for developing policies on corporal punishment as well as possible roles for counselors in school systems relative to corporal punishment is also provided.

The use of corporal punishment has a long history as both a right and a device in disciplinary practices with noncompliant minors. Whether from religious, social, or other similar origins, corporal punishment has been and continues to be employed as a method of correcting children's behavior both within and outside of the family unit.

Arguments about the utility, morality, and success of corporal punishment are beyond the scope of this article; advocates and detractors abound and will likely never provide convincing rationales to their opposition outside of statutory changes. This lack of resolution is particularly problematic when corporal punishment within the home is debated. By contrast, corporal punishment is allowed within Alabama public schools as a legally recognized method of discipline and continues to be used in some school systems as an element of behavioral enforcement for order and compliance. Against this backdrop, this article is intended to offer information regarding the possible legal implications of using corporal punishment within Alabama public schools.

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Corporal Punishment: Questions About Use, Misuse, and Abuse

The following question-and-answer format has been employed in an attempt to anticipate and respond to the more obvious and potentially litigious concerns in the use of corporal punishment. Readers are encouraged to examine these comments as summary statements grounded within the Alabama Code.

What is Corporal Punishment?

From an informal perspective, corporal punishment may be considered to be simply the use of spanking for corrective purposes. However, from a legal standpoint, corporal punishment is defined as "the infliction of pain by a teacher or other educational official upon the body of a student as a penalty for doing something which has been disapproved of by the punisher" (Hyman & McDowell, 1979).

Is Corporal Punishment Allowed in Schools?

In some states, corporal punishment is allowed. Dayton (1994) noted the observations of U.S. Representative Major R. Owens as stating that while no longer permitted in U.S. prisons, the military, in hospitals, or on zoo animals, corporal punishment is still legal in schools. Within public school systems, corporal punishment is allowed in the Alabama Code § 16-1-14. Further, corporal punishment as a corrective measure in schools was noted with approval by The Supreme Court of Alabama in "Deal By and Through Barber v. Hill" (619 So.2d 1347) on April 9, 1993.

What Are the Rights of Minors in Corporal Punishment?

Rights of minors attending public schools are rather limited. Corporal punishment is the only major penalty meted out in public schools in which the student has no procedural due process rights before the punishment is given, as ruled by the Supreme Court of the United States (430 U.S. 651) in Ingraham v. Wright (1977). However, substantive due process and equal protection rights are very likely to exist for minors in regard to corporal punishment. In other words, if the action of corporal punishment were administered in an unreasonable fashion, substantive due process violations would apply. Similarly, if one race/gender were treated differently from others, equal protection violations would apply.

What are the Rights of Parents in Corporal Punishment?

Currently, there are no established rights for parents since no procedural due process is required by law. Parents do not have the right to expect notification of pending application of corporal punishment unless school policies state such rights. However, if the parents believe the school has violated their child's sub-

stantive due process or equal protection rights in administering corporal punishment, a cause of action may exist.

What are the Rights of School Administrators in Corporal Punishment?

The rights of administrators should be identified specifically in a corporal punishment policy. This policy should be written and widely published by the relevant board of education. Some policies state that corporal punishment must be administered with provisions such as: (a) only after other corrective measures have failed, (b) with parental notice, (c) with reasons and evidence provided before administration of the punishment, (d) with a designated number of times a student may be struck, (e) with a designated instrument, (f) the designation of the part of the child's body that may be struck (g) with adult witnesses, (h) with same gender adult administering the punishment, (i) with a recorded documentation of the punishment and written explanation provided to parents, (j) in a designated area (e.g., office of the principal) and/or (k) not in the visual presence of other students. Therefore, administrators may be protected by a comprehensive policy on corporal punishment.

What are the Legal Restrictions on Corporal Punishment?

Legally, corporal punishment can be administered only in those states (e.g., Alabama) where such actions are allowed by law and only to school children. According to Ingraham v. Wright (1977), "reasonable" corporal punishment is not "cruel and unusual" punishment within the meaning of the 8th and 14th Amendments of the U.S. Constitution.

It is best to have an attorney preapprove a corporal punishment policy for the school system, followed by training for all administrators and staff to ensure compliance with the adopted policy. By publishing such a policy and offering the policy in wide distribution (e.g., catalogue, student handbook, etc.), the school could be creating a contract. Thus, departure from stated/distributed policy could be regarded as a legal breach of contract.

What Potential Legal Liability Exists for Using Corporal Punishment?

Failure to inquire of adult guardians about a preexisting physical condition (e.g. hemophilia, osteoporosis, etc.) or emotional condition (e.g., trauma, sexual victimization, etc.) that might preclude use of corporal punishment may cause legal problems to both the administrator and the school system. Inappropriate methods of corporal punishment (e.g., sitting on the child, striking the child with sharp objects, etc.) could also incur serious legal liability. In each of these instances, the legal standard of reasonableness would be questioned. If the punishment is determined in court to be unreasonable, tort remedies could be applied.

CORPORAL PUNISHMENT

In Alabama, unreasonable corporal punishment could be viewed as a violation of the state child abuse laws.

What Are the Suggested Safeguards to Ensure Against Claims/Actions of Excess?

Safeguards for the use of corporal punishment in schools to avoid claims/actions of excess include the following:

1. School officials should develop a clear policy for corporal punishment that is approved by both their consulting attorney and the school board;

2. The corporal punishment policy should be widely distributed to all persons affected by the policy, including parents, teachers, students, and school staff;

3. Regular training in the administration of the corporal punishment policy should be scheduled on at least an annual basis for all teachers and staff who may use this method of correction;

4. A record of attendance should be maintained for all training sessions; and,

5. An open meeting for any nonschool community members should be provided by the school system to clarify the nature and intent of the corporal punishment policy.

What are the Suggested Safeguards to Ensure Against Violation of Due Process?

There is no procedural due process required by law (i.e., no notice or hearing required before the administration of punishment) but procedural due process could be provided by a school policy. Safeguards should be identified by the school attorney to ensure that a student's rights to substantive due process are not violated. In this regard, published, distributed, and carefully followed policies should address broad issues of fairness in the application of corporal punishment.

What are the Suggested Safeguards to Ensure Against Claims/Actions of Unequal Protection?

Generally, use of corporal punishment should not be applied in greater proportion to children of one race/gender as a safeguard against claims/actions of unequal protection. Again, the school policy should be examined by a consulting attorney to ensure against prospects of this type.

What Should be Included in School Policies Regarding Corporal Punishment?

In addition to those items noted earlier, the following elements are suggested for inclusion in a school policy regarding corporal punishment:

1. The school board's definition of corporal punishment;

2. Citation of support for using corporal punishment as provided through state law;

3. Identification of any notice, hearing, or parental involvement provided in the policy;

4. Procedures for identifying preexisting conditions that might affect use of corporal punishment with students;

5. Policies and training expectations for staff and teachers concerning use of corporal punishment, including content, time, date, location, and record of attendance for the training session; and,

6. Preapproval by an attorney of every aspect of policy and action related to corporal punishment in the school prior to implementation and subsequent review following its use.

Closing Remarks and Suggestions for School Counselors

This article has been crafted as a reference document for those wishing to employ corporal punishment of minors within Alabama public schools and for informational purposes. The authors have not expressed their position on the use of corporal punishment because it is a legally recognized option for Alabama schools. However, the focal elements of the article have been upon the protection of minors against physical harm and the legal aspects of using corporal punishment as a disciplinary measure. Corporal punishment may fit the mission, local preference, tradition, and expectations of a school system; it is a clear option for discipline within Alabama law. Decisions to employ corporal punishment could occasion both personal and corporate liabilities that school administrators and staff must consider within the existing Alabama Code and case law.

In many ways, the use of corporal punishment is similar to the use of one's voting privilege: it is a right that one may wish to exercise or to ignore. The authors offer the following suggestions for those wishing to exercise this legal right within the scope of their duties as employees within an Alabama public school system:

1. Develop clear, operationalized policies concerning the administration of corporal punishment, including the circumstances under which it may be used, personnel with rights to administer corporal punishment, outline to include use of due process and equal protection, constraints/contraindications against its use, witnesses to the administration, and similar items to ensure against excessive punishment.

2. Develop clear, operationalized policies concerning the procedural implementation of corporal punishment, including parental notification and consent, rights of refusal for parents/minors, nature of any hearing before the use of corporal punishment, and elements of equal protection and due process, clearly spelled out and published.

3. Involve parents and parent groups in discussions about the use of corporal punishment as an element of the disciplinary program in the school system.

4. Identify alternatives to corporal punishment that might accomplish the intended results of its practice without possible legal liabilities for its use.

5. Clear all policies and actions regarding corporal punishment with an attorney prior to implementation.

6. Provide regular and monitored training sessions to all school staff on the use of corporal punishment within the school.

For counselors working in school settings, one compelling issue would likely be the counselor's role in all aspects of corporal punishment as a disciplinary method. Before examining the ways in which the school counselor might participate in any aspect of corporal punishment in the schools, the authors wish to recognize that the participation of counselors in corporal punishment is a debatable issue on its own merits. Furthermore, the authors acknowledge the professional preference of many school counselors not to become involved in situations where spanking is used as a disciplinary practice. To many counselors, their participation would appear to offer a tacit endorsement of a disciplinary practice they believe to be archaic and inhumane. Certainly, one's personal convictions regarding the acceptability of corporal punishment within the school system will govern their role expectations.

For counselors who do participate in the corporal punishment procedures, the authors propose six elements of the counselor's role regarding corporal punishment. The first element concerns activation or proactive initiative on the part of the counselor to take a leadership role in clarifying a systemic policy on the use of corporal punishment. This suggestion is not so much related to encouraging or discouraging the use of corporal punishment but, rather, working actively to clarify formally the place of corporal punishment within the disciplinary policies of the school system. Thus, in schools where the practice of corporal punishment is not accompanied by policies governing its use, the counselor could take a leadership role in stimulating efforts to establish regulations.

A second element of the role of counselors in school systems concerns participation in establishing policies related to corporal punishment in the school systems. Within the scope of participatory activities, counselors could assist in the development of policies strictly and clearly regulating corporal punishment as a method of discipline. In this way, the counselor could be a resource to administration regarding the potential effects of corporal punishment within the school system and the ways in which its use could affect the learning/social environment.

Third and fourth elements of the counselor's role could be negotiation and advocation for alternatives to the use of corporal punishment as a method of discipline. For example, the counselor could promote the use of a variety of other methods of discipline with administrators, teachers, and staff. Advocating options such as natural/logical consequences, assertive discipline, time-out, behavioral contracting, or token economies would be appropriate for these alternatives. Similarly, counselors could work to integrate alternatives to corporal punishment

within students' Individual Educational Plans (IEPs) or as classroom-management strategies with teachers.

The fifth element of the counselor's role could be in education or dissemination regarding policies and expectations for using corporal punishment. Each of these elements concerns the dispersal of policy and practice information among constituency groups, particularly school staff and parents. In this regard, the counselor could assist in reducing misunderstandings, clarifying expectations, and promoting dialogue among all parties regarding disciplinary policies within the school system.

The final suggested element of the counselor's role related to corporal punishment in the school could be in evaluation related to the impact of corporal punishment and its intended outcome. Within the scope of this role, the counselor would work to assess the positive and/or negative effects of corporal punishment as a disciplinary option and provide feedback to constituent groups about its efficacy. Such data would be invaluable as a resource for modifications to the use of corporal punishment, with the potential to identify both liabilities for its incorporation in the disciplinary plan and alternatives that could produce even more desirable results. Finally, such data could allow the counselor to return to an earlier aspect of the previous role elements (e.g., negotiation, advocation, etc.) to assist in crafting a disciplinary policy more favorable to the learning/social environment of the school setting.

Once again, the authors do not wish to advocate a position relative to the suitability of corporal punishment within the public school system; it is a clear and defined option within Alabama statutes. Instead, the authors do wish to advocate for counselors in school settings continuing their involvement in all aspects of the educational/social environment of public schools as they determine their best means of assisting students, staff, and parents in decisions that affect discipline. In this regard, the authors encourage proponents and opponents of the use of corporal punishment to consider the choice of consequences that exist regarding its use as a disciplinary method in Alabama schools.

Disclaimer:
Because this article is not to be considered legal advice, all readers are urged to consult an attorney to apply specific facts and laws to each situation.

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Counselors and the Credentialing Process

Susan Boes

Abstract

Credentials indicate to the public that member practitioners have the training and experience identified as essential by the profession. This paper discusses credentialing as the formal endorsement of the counseling profession. Three major components of credentialing -- accreditation, certification, and licensure -- are described.

Credentials define and provide legitimacy to a profession. According to the American Psychological Association (cited in Brooks, 1986), credentialing is viewed as a process by which a profession:

1. defines itself in terms of a body of scientific knowledge;
2. identifies societal needs to which its services are directed;
3. describes skills and competencies that address the identified needs;
4. establishes standards for professional preparation and training;
5. accredits training programs that meet the standards;
6. endorses individuals demonstrating requisite professional skills as being competent to practice the profession; and
7. acts to ensure professional competence by monitoring ethical behavior and requiring periodic evidence of ongoing professional growth. (p. 243)

Further, a credential entitles an individual holding the document to confidence or credit (Guralnik, 1982). This paper addresses three components of the credentialing process: (a) accreditation, (b) certification and, (c) licensure. These three components are independent but interrelated. Each depends upon and interacts with elements external to the process itself. External elements include the body of knowledge specific to counseling, societal needs addressed by counseling services, and the interest and regulation of counsel-

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ing practices by both governmental and non-governmental institutions (Brooks, 1986). The purpose of this article is to distinguish characteristics of the different components.

Accreditation

Accreditation is the formal recognition by a professional organization of an academic program. Accreditation provides a "stamp of approval" verifying that the academic program is accepted as credible (Remley, 1991). Professional associations usually undertake the task of developing standards of accreditation for training and practice. Standards have three purposes. First, they set up the "knowledge base" of the profession. Second, they prepare the guidelines for presentation of this knowledge to students and trainees as well as prepare the qualifications for professional entry. Finally, they address issues of ethics, setting guidelines for professional activity, and determining methods of investigation and discipline for violations. The purpose of accreditation is to guarantee that trainees have received proper training and preparation (Brooks, 1986).

CACREP Accreditation of Counseling Programs

The Council for Accreditation of Counseling and Related Programs (CACREP) is the official accrediting board of the counseling profession and the American Counseling Association (ACA). The council is made up of representatives of ACA, interested divisions of ACA, and other professional organizations. The counseling profession started this program standardization with the establishment of CACREP in 1981 as an "independent freestanding legally incorporated accreditation body" (Seiler, Brooks, & Beck, 1987, p.200). CACREP kept the original basic components for standards in the eight core areas set forth by the Association for Counselor Education and Supervision (ACES), the originating source for accreditation (Seiler et al., 1987). The standards are reviewed every five years (McGowan, 1993). The eight core areas are human growth and development, social and cultural foundations, helping relationships, groups, career and life-style development, appraisal, research and program evaluation, and professional orientation. Also included in the standards are preparation in environmental and specialized studies and guidelines for supervision of practica and internships (Seiler et al., 1987).

Present program accreditation regulates masters degrees in three areas: (a) mental health, (b) community counseling, and (c) school counseling. Two areas of student affairs are also regulated. These are college counseling and professional practice which has an administrative base (McGowan, 1993). Doctoral degrees in counselor education and supervision are also regulated (Brooks & Gerstein, 1990a). The latest revisions more clearly define the doc-

toral requirements and have incorporated concentrations in multiculturalism and cultural diversity (McGowan, 1993).

Endorsement warrants that professionals meet minimal standards of competence. Accreditation endorses an academic program while licensure and certification act to endorses an individual's competence. Licensure and certification act as the two major controls for this endorsement.

Certification

Certification is the recognition of competency of individuals who practice a profession, and it allows official authorization of the use of the title adopted by the profession (Remley, 1991). Certification is often less stringent than licensure as a professional endorsement because it establishes minimal requirements for education and experience. However, an examination is required and performance must be satisfactory. Boards are established by the professional organization to regulate certification procedures. While the mechanics of professional certification and licensure are similar, certification is not mandatory while licensure may be required in some states. An advantage of professional certification over licensure is control of the standards for endorsement by the profession itself (Brooks, 1986). Brooks (1986) cites several problems connected to certification. These include an inability on the part of the certification board to enforce legal sanctions for ethical misconduct, an inability to prevent those without certification from engaging in similar pursuits, and lack of legal recognition.

National Board Certification

National Certification serves to promote professional accountability and visibility while identifying counselors who have met specific professional standards (NBCC, 1991). Certification for counselors is awarded by the National Board for Certified Counselors (NBCC) (Brooks & Gerstein, 1990a). The National Board for Certified Counselors was established in 1982 when results of a national survey, developed by the American Association for Counseling and Development (now ACA), determined the need for a national credential (NBCC, 1991). The National Certified Counselor (NCC) is the generic entry-level credential. In some states without a licensure board, NCC is viewed by holders as "recognition of clinical competency" (Brooks & Gerstein, 1990a, p. 479). It appears that national certification is the second most sought credential by private practitioners, second only to state licensure.

National specialty certification recognizes advanced counseling competencies. The specialty certifications administered by NBCC include the National Certified Career Counselor (NCCC), the National Certified Gerontological Counselor (NCGC), the National Certified School Counselor (NCSC) and the

Certified Clinical Mental Health Counselor (CCMHC) (Clawson, 1992). In addition, NBCC began the specialty certification process of the Master Addictions Counselor (MAC) in January, 1995. The first applicants received the new certification in April, 1995, at the International Association of Addictions and Offender Counselor (IAAOC) luncheon at the April ACA meeting (NBCC, 1995).

The NCC is a prerequisite for the aforementioned specialization certificates. Other requirements vary according to specialization. The NCCC certification requires specific career coursework, two years of professional career counseling experience and successful completion of the NCCC examination (NBCC, 1992). The NCGC requirements include documented gerontological counseling experience, specific training in gerontological counseling, completion of a self-assessment and two professional competency assessments and graduate level coursework (NBCC, 1992). The CCMHC is based on criteria for clinical counseling and criteria recognized for third party reimbursement by insurance agencies. The most rigorous of the specialty certifications, it requires a tape from a clinical sample with transcripts, confirmation of supervision, recommendations and evidence of completing the clinically based national examination (Brooks & Gerstein, 1990a).

The newest specialty certification MAC requirements include specific training and experience in the addictions counseling field. Until an examination has been developed, an alternative entry process is in place. The alternative entry criteria include educational requirements, references from a recent supervisor and a professional colleague and three years experience in addictions practice or teaching of addictions courses in the case of counselor educators (Master Addictions Counselor, 1994). The development of specialty certifications are evidence of NBCC's commitment to specialty practice within the profession (Clawson, 1992).

Licensure

Licensure is regulation by state legislation of both the practice of the profession and the use of the title of the profession (Remley, 1991). It defines and legalizes the profession in a particular state (Brooks & Gerstein, 1990a). Standards are also set for educational supervision of occupational experience. Trainees meeting the educational standards are administered a standardized written examination and, in some cases, an oral examination before licensure is issued. These regulations also require continuing professional education for periodic renewal (Brooks, 1986). Remley (1991) called regulation of the practice of the counseling profession "the most significant political event that has occurred in the professionalization of counseling" (p. 4). The primary goals for counselor licensure are protection of the public, (i.e. clients) (Wakelee-Lynch,

1990), regulation of counseling practice, and titling (Gerstein & Brooks, 1990). Additionally, licensure specifies counselor roles and legalizes the profession (Gerstein & Brooks, 1990).

The efforts of professional psychology in the achievement of licensure prepared the way for counselors and other mental health professionals to pursue licensing. The push of psychologists for recognition began about 1950 and peaked with all states being licensed by 1977. One year later, Virginia achieved the first counseling licensure law (Cummings, 1990). Alabama became the third state to license the counseling of private practitioners in 1979 (Moracco, Stegall & Mueller, 1990). Since 1979, 41 states and the District of Colombia have acquired laws regulating title use and/or practice of counseling (H. Stidham, ACA, Personal Communication, December 19,1994). Several other states are in the process of setting up licensure legislation. Pennsylvania and New York have recently stepped up the process and Nevada is presently negotiating criteria and limitations with the state psychology board. Indiana was refuted in its legislative efforts and has returned to the drawing board to rework the licensure legislature (H. Stidham, American Counseling Association, Personal Communication, May 17,1995).

Licensure requirements can be divided into three areas: (a) academic coursework, (b) supervised experience and, (c) examination requirements. Academic requirements include possession of a master's degree in counseling or a related field but vary according to state in the number of graduate semester hours required. Graduate courses vary in content according to specifications regulated by individual state boards. Some states adopt criteria close to CACREP standards for academic requirements. Criteria for supervised experience and training vary widely from as little as two years of supervision to as many as four.

Examination requirements for all states include passing a written examination (Brooks & Gerstein, 1990a). The NBCC written examination is the most widely used examination by licensing boards (Brooks & Gerstein, 1990b) followed by the Professional Examination Service examination (PES) (Brooks & Gerstein, 1990a). Texas uses its own examination. Written examinations evaluate content areas but not clinical experience. For most states, there is no clinical competency evaluation per se; rather the clinical competency component is established by recommendation of clinical supervisors (Brooks & Gerstein, 1990a).

Licensure assures the public that practitioners have (a) completed minimum requirements both in education and supervision and (b) been screened and evaluated properly. While licensure does not necessarily ensure competency, a main advantage of this legislation is protection of the public from vastly unqualified practitioners. Licenses are mostly generic, not specifying the types of clients or

presenting problems individual counselors are competent to handle. Licensing permits professionals to provide a vast array of services, but it is up to individual practitioners to work within their areas of competency (Corey, Corey & Callanan, 1988).

The Controversy of Licensure

The main controversy surrounding licensure is whether it does protect the public (Corey et al., 1988). Remley asserts that elected state officials are convinced that the public is well-served when regulations to assist citizens identify competent counselors are in place (Remley, 1991). Consumers who have some assurances that minimum requirements for the profession are met can have some confidence in selecting the professional services of counselors who advertise the title and the Counseling Credentials practice of the profession (Isenhour, 1994). Another dispute is whether licensing increases competency. Gross (cited in Corey et al., 1988) suggests that attendance at lectures and workshops to gain continuing education units does not assess whether knowledge and further competency have been gained.

Competency can be argued by the fact that credentialing sets minimum requirements for training, education and a test of competency through an examination (Isenhour, 1994). In addition, credentialing holds counselors accountable to professional standards, an ethical code and the necessity to continue in their education. Wierson (1994) argues that, while continuing one's education does not guarantee quality service or competency, the absence of continuing education certainly seems the more dangerous situation. Ultimately, the responsibility for continuing education and acquiring new knowledge remains with the individual.

Conclusion

In summary, credentialing is a complicated process indicative of a practitioner's training. Credentials are administered by occupational groups and state agencies for various reasons including professionalization and public protection. While professionals may understand the roles of counseling and the services the profession provides due to training and practice, the public is not always aware of these roles and services. Legitimization of credentials is a powerful step toward this professional identification to the public as it regulates title and practice (Wierson, 1994). Licensure ensures that government officials and the public know the profession exists and that accountability for education and experience necessary to be a professional with the title of counselor are required (Remley, 1991).

Arguments will continue as to whether the profession or the general public (i.e., the consumer) benefits because of licensure, certification and accreditation.

Remley (1991) lists several reasons for credentials: private practice and agency preference, state requirements, privileged communication may only be open to clients who are seen by regulated counselors, legitimacy of stated qualifications, positive public recognition and the threat of losing the privilege to counsel in a state without licensure should the state adopt this legislature.

The largest dilemma prevailing for the counseling profession is licensing the remaining states and achieving unity from state to state, not only in the licensure component of credentialing but also with standards and accreditation as well. Corey et al. (1988) contend that "the diversity of licensing procedures from state to state gives the public little confidence in the license as a sign of minimal competence in health care practice (p. 149). The American Association for Counseling and Development (AACD) (now ACA) proposes that a model licensure legislation would unify the profession (Bloom, Gerstein, Tarvydas, Conaster, Davis, Kater, Sherrard, & Esposito, 1990).

National Certification and Specialty Information and application packets can be obtained by calling The National Board for Certified Counselors at 1-800-398-5389. Alabama state licensure information can be obtained by calling The Alabama Board of Examiners in Counseling at (205) 933-8100.

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The thickest part

Do you know this
grapefruit moment
round and yellow as the moon?
Scare her with vivid red,
        caustic and abrasive as the wind,
cold as the sea -- scare her.
She is evil in your dreams,
        that dark and cancerous
ache in the tomb of your belly.
You know no medicine for her.
She asks the questions
        you've made into statements.

Do you know the place just below
the thickest part of a stem,
just above and between roots?
You must have been there
        once.
Go there again
        tonight, after dew.
                Just try to

scare her.

Andrea Mathews

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POEM

The Endless Shift

He takes his work home at night.
Working late, after his wife and son are asleep, he completes endless documents.
Others cannot learn the language of forms.
He is not an accountant.

Sometimes, he skips sleep himself because the need is overwhelming
To help, to try, to care; thoughts of others disturb him.
It's our responsibility to help those most in need.
He is not a missionary.

His eyes were not prepared to see the sights he has seen.
Flattened tin cans hammered over holes to keep the rats out.
He found a room with bottles of urine, carefully stored by a young man.
He is not a slum lord.

Delivering diapers, water, food, and bedding
He used to worry about his car; someone might steal it.
Neighborhoods of decay and despair.
He is not a minister.

Sometimes he is frightened, once he was punched in the face.
The woman hides with the masses seeking shelter from a violent man.
Too late, he comes with a gun. Arrest him, quickly!
He is not a policeman.

Hollow eyes don't hide AIDS. She turns tricks for food and shelter.
The blood flowed from the wound in a young man's stomach. Take a number.
We waited all night in the county ER for the doctor to help.
He is not a medic.

Finding enough housing, clothes, food, money, training, and jobs is more than one full-time job.
Speaking out, demanding change, not listening to excuses.
Together, we planned and built new housing.
He is a social worker!

It's fun to work in the kitchen, warming others' hearts and stomachs.
Another seizure in the line for soup.
Trying to understand psychiatric symptoms and medications is frustrating.
Guiding others to try again and believe in themselves.
He is a mental health counselor!

Brian F. Geiger

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- NOTES -

GUIDELINES FOR AUTHORS

The purpose of the Alabama Counseling Association Journal is to communicate ideas and information which can help counselors in a variety of work settings to implement the counseling role and to develop the profession of counseling. A function of the Journal is to strengthen the common bond among counselors and to help maintain a mutual awareness of the roles, the problems, and the progress of the profession at its various levels. In this context, thought-provoking articles, theoretical summaries, reports of research, descriptive techniques, summaries of presentations, discussions of professional issues, reader reactions, and review of books and media are highly regarded. Manuscripts that are either theoretical-philosophical or research-oriented should contain discussions of implications and/or practical applications and should make apparent the relationship between the topic of focus and related professional literature.

When submitting a manuscript for publication, use the following guidelines:

1. The manuscript must be typewritten or word processed on eight-and-one-half by eleven inch white paper, doubled-spaced, with 1 inch margins.
2. An original and three copies should be submitted for the review process, and a file copy should be retained by the author.
3. Before a manuscript can be accepted, a separate sheet must be provided stating the current position, work address of the author(s), and telephone number. Following a preliminary review by the editor, manuscripts will be sent to members of the Editorial Review Board for anonymous reviews.
4. Avoid footnotes when possible.
5. Camera-ready tables or figures should be on separate pages.
6. References must follow the style described in the Publication Manual (Fourth Edition) of the American Psychological Association.
7. Do not submit material that is being considered by another publication.
8. Manuscripts should not exceed 13-15 pages including references, tables and figures.
9. Each manuscript should include an abstract of not more than 75 words. The abstract should be typed on a separate page.
10. All manuscripts accepted for publication may be copy edited or altered for clarity. No alterations which change the integrity of the article will be made without the author's permission.
11. Each senior author is given three copies of the issue in which the article appears. Junior authors receive two copies.

Submit manuscripts to: R. Joel Farrell, III, 617 Shawnee Street, Auburn, Alabama 36830.

Deadline for manuscripts for the Winter Issue: November 1
Deadline for manuscripts for the Summer Issue: April 1.

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